

Informed Consent & Information for Physical Therapy

You have chosen or have been referred to receive physical therapy with Hnath PT. We want you to be informed about your health care. Please read and sign this document prior to treatment.

1. COOPERATION WITH TREATMENT:

- You agree to provide accurate and complete medical information
- You agree to keep your scheduled appointments unless there are unusual circumstances
- You may be discharged from physical therapy if you fail to keep 3 appointments without 24-hrs cancel
- You agree to cooperate with the home program assigned. If you have difficulty following a home program, please discuss this with your therapist
- Your therapist will offer you options to help you make decisions regarding your Plan of Care

2. PAYMENT & CANCELLATION POLICY:

- Hnath PT does not participate with insurance providers and you are responsible for all fees due at the time of service.
- We require 24-hrs cancellation notice for your appointment. The broken appointment charge is for the full session amount of \$250.00

3. TREATMENT CHOICES:

Physical therapy does not promise a cure for your condition. Your therapist will share available statistics and studies regarding results of physical therapy treatment for your condition and treatment options will be discussed with you along with potential risks and benefits. Available data on outcomes may also be discussed. Physical therapy treatment procedures include, without limitation, education, exercise, biofeedback, electrical stimulation, ultrasound, use of vaginal weights, internal (vaginal and/or rectal) examination and treatment as indicated for certain pelvic floor conditions, and manual techniques including massage, joint and soft tissue mobilization. The therapist will explain all these treatment procedures to you and you may choose to not participate with all or part of the treatment plan. There is no guarantees have been or can be provided to you regarding the success of therapy. If you are uncomfortable with the assessment or treatment procedures at any time, inform your therapist and the procedure will be discontinued and alternatives will be discussed with you again at that time.

4. CONSENT FOR USE/DISCLOSURE OF INFORMATION:

You hereby authorize Hnath PT to disclose information from your medical record to your other treating health care providers, to representatives of accrediting and licensing agencies, and to other persons to the extent reasonably necessary and appropriate consistent with the operation of a physical therapy practice. You hereby authorize Hnath PT to obtain medical records from other sources as may be needed in your treatment. I understand that the information released or obtained pursuant to this paragraph may include, but is not limited to, information relating to diagnosis, treatment, or evaluation for the existence of infectious diseases (including HIV/AIDS), drug or alcohol use or abuse, and/or psychiatric/psychological conditions.

I have read or had read to me the foregoing and any questions, which may have occurred to me, have been answered to my satisfaction. I understand the nature and options of the treatment and the potential risks, benefits, and alternatives of the treatment, which have been explained to me. I understand that I may withdraw at any time. Based on the information I have received from the therapist, I have been given the opportunity to participate in my Plan of Care and voluntarily agree to the treatment procedures discussed.

Patient's Signature & Date

Therapist's Signature & Date